

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on May 28, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT codes 62284 and 62289-52 for date of service November 25, 2002.

II. RATIONALE

The EOB submitted by the requestor denied the services as “G – Disallowed; services included in the listed value of the surgical procedure.”

- CPT Code 62284* for date of service 11/25/02 is a starred procedure. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(A)(3) starred (*) surgical procedures are not subject to the global fee concept. Procedure summary supports delivery of service. Reimbursement in the amount of \$303.00 is recommended.
- CPT Code 62289*-52 for date of service 11/25/02 is a starred procedure. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(A)(3) starred (*) surgical procedures are not subject to the global fee concept. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(E)(4)(a) surgical injections delineated as per injection by CPT descriptor and nomenclature warrant additional reimbursement per injection subject to the multiple procedure rule within the same body area; 1996 Medical Fee Guideline, Surgery Ground Rule (D)(1)(b)(ii) 50% of the MAR for secondary or subsequent procedures when: the secondary or subsequent procedures are not performed through the same incision but are related to the primary procedure. Reimbursement in the amount of \$131.50 is recommended ($\$263.00 \div 2$).

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 62284 and 62289-52 in the amount of \$434.50. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$434.50** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 25th day of February 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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